Schedule E)	EXI END	TOTILO		PAGE 1 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	toction			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection  C C00490375				
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee Outfront Media				of Public Distribution/Dissemination
Mailing Address 185 US Highway 46			Amoui	04 04 2016
011	0	<del></del>		44750.00
City Fairfield	State NJ	Zip Code 07004		action ID : D712331 of Disbursement or Obligation
Purpose of Expenditure Print Advertising		Category/ Type		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		310231.49	Disbursement 2016 Or	t For: X Primary General
Full Name of Payee Outfront Media				of Public Distribution/Dissemination
Mailing Address 185 US Highway 46			Amou	04 18 2016 nt
City	State	Zip Code		325.00
Fairfield	NJ	07004		ction ID: D712332 of Disbursement or Obligation
Purpose of Expenditure Print Advertising		Category/ Type	M	03 / 18 / 2016
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
Bernie Sanders		Oppose	X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	310231.49	Disbursemen 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			12075.00
//s) CURTOTAL of United in all Independent For an elite			· -	7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Martha Kuhl	[Electron	ically Filed] Date	04	18 2016
Signature				

Schedule E)	INDEPENDENT	LAFLINDI	TOTILS		PAGE 2 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full					FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection  C c00490375					
Check if X 24-hour report	48-hour report	X New repo	ort Amends re	port filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Outfront Media					Date of Public Distribution/Dissemination
Mailing Address 185 US Hig	hway 46				04 18 2016 Amount
City	S	State	Zip Code		10468.00
Fairfield		NJ	07004		Transaction ID : D712727 Date of Disbursement or Obligation
Purpose of Expenditure Billboard			Category/ Type		04 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			Support	Office	Sought: House District: 00
Bernie Sanders			Oppose	X	President Senate State: CA
Calendar Year-To-Date Per Election for Office S	Sought		310231.49	Disbu 2016	orsement For:
Full Name of Payee UCLA Student Media					Date of Public Distribution/Dissemination
	<b>.</b>				04 18 2016
Mailing Address 308 Wes	twood Plaza, KH-118				Amount
City		State	Zip Code		1250.00
Los Angeles		CA	90024		Transaction ID : D712728  Date of Disbursement or Obligation
Purpose of Expenditure Advertising			Category/ Type		M 04
Name of Federal Candidate			X Support	Office	e Sought: House District: 00
Bernie Sanders			Oppose	X	
Calendar Year-To-Date Per Election for Office	Sought		310231.49	Disbu 2016	ursement For:
(a) SUBTOTAL of Itemized In	ndependent Expenditures			▶	11718.00
(b) SUBTOTAL of Unitemized	d Independent Expenditure	es		····· <b>▶</b>	
(c) TOTAL Independent Expe	enditures			····· <b>&gt;</b>	
	gestion of, any candidate	or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Martha Kuhl Signature		[Electron	ically Filed] Da	ate 0	
-					

Schedule E)	PAGE 3 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Fatient Flotectic	C C00490375
Check if 24-hour report 48-hour report	ew report Amends report filed on Amends report
Full Name of Payee The Poly Post	Date of Public Distribution/Dissemination
Mailing Address 3801 W. Temple Ave	04 / 12 / 2016
3801 W. Temple Ave	Amount
City State	Zip Code 1140.00
Pomona CA	91768 Transaction ID : D712037 Date of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type 04 06 2016
Name of Federal Candidate	Support Office Sought: House District: 00
Bernie Sanders	Oppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Associated Students	04 / 13 / 2016
Mailing Address c/o The Lumberjack Newspaper	Amount
1 Harpst St	
City State Arcata CA	Zip Code 582.75 95521 <b>Transaction ID : D712067</b>
Purpose of Expenditure	Date of Disbursement or Obligation
Advertising	Category/ Type 04 06 2016
Name of Federal Candidate	Support Office Sought: House District: 00
Bernie Sanders	Oppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
•	
(a) SUBTOTAL of Itemized Independent Expenditures	1722.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b></b>
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 04 18 2016
Signature	

Schedule E)	XI LIVDI	TOTILO		PAGE 4 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protec	otion			FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protect	C C00490375			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee				Date of Public Distribution/Dissemination
Autumn Press				04 11 2016
Mailing Address 945 Camelia St				Amount
City Sta	ate	Zip Code		4624.96
Berkeley C/	:A	94710-1437		Transaction ID : D712006 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		04 09 / 2016
Name of Federal Candidate		Support	Office	Sought: House District:00
Bernie Sanders		Oppose	X	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	310231.49	Disburs 2016	ement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Golden Gate Xpress				04 13 / 2016
Mailing Address 1600 Holloway Ave				Amount
HUM 307				
City Sta San Francisco C.		Zip Code 94132		1090.00 ransaction ID : D712040
Purpose of Expenditure		Category/	_	Date of Disbursement or Obligation
Advertising		Type		04 09 2016
Name of Federal Candidate		X Support	Office	Sought: House District: 00
Bernie Sanders		Oppose	X	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	,	310231.49	Disburs 2016	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			. •	5714.96
(b) SUBTOTAL of Unitemized Independent Expenditures.				
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
Martha Kuhl	[Electroni	cally Filed] Date	e 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	LINDITOTILO	PAGE 5 OF 14 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protecti	on	
		C C00490375
check if 24-hour report 48-hour report	New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		04
Mailing Address 945 Camelia St		Amount
City State	Zip Code	415.33
Berkeley CA	94710-1437	Transaction ID : D712007 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date	Disb	ursement For: X Primary General
Per Election for Office Sought	310231.49 2016	Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
California Nurses Association		04 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
		, unduring
City State	·	324.00
Oakland CA	94612	Transaction ID: D712045  Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date		ursement For: X Primary General
Per Election for Office Sought	310231.49	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	739.33
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(a) TOTAL lades and set Forest Phone		
(c) TOTAL Independent Expenditures	·	7 7 7
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	04 18 2016
Signature	_	

	include Ly			FOR SE	OF FORM 24/48
	ME OF COMMITTEE (In Full) ational Nurses United for Patient Protection			FEC IDENTIFICA	TION NUMBER ▼
IN	ational Nurses United for Patient Protection			C C0049037	5
Che	eck if 24-hour report 48-hour report New report	mends repo	ort filed on	M / D D	/ Y = Y = Y = Y
П	Full Name of Payee		Date of	of Public Distributi	on/Dissemination
	California Nurses Association		М	04 / D D D 11	2016
	Mailing Address 155 Grand Avenue		Amou	nt	
ŀ	City State Zip Code		— r		144.75
	Oakland CA 94612			saction ID : D7120 of Disbursement of	46
	Purpose of Expenditure Payroll Categor Typ			04 / 13	/ Y Y Y Y Y Y 2016
ı	Name of Federal Candidate	Support	Office Sough	it: House	District:00
	Bernie Sanders	Oppose	X Preside		State: CA
	Calendar Year-To-Date Per Election for Office Sought 310231.	10	Disbursemen 2016	nt For: X Prim	ary General
	Per Election for Office Sought 310231.	+9		other (specify) -	
	Full Name of Payee National Nurses United			of Public Distribut	ion/Dissemination
	Mailing Address 155 Grand Avenue		L	04 12	2016
			Amou	ınt	
ı	City State Zip Code				289.00
	Oakland CA 94612			action ID : D71205 of Disbursement of	
	Purpose of Expenditure Equipment Expense  Categor Typ		N N	04 / 13	2016
١	Name of Federal Candidate	Support	Office Sough	nt: House	District: 00
	Bernie Sanders	Oppose	X Preside	ent Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought 310231.	49	Disbursemen 2016	nt For: X Prim	ary General
	(a) SUBTOTAL of Itemized Independent Expenditures				433.75
(	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	4	
(	(c) TOTAL Independent Expenditures		•	7	
١	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committe party committee) any political party committee or its agent.				
	Martha Kuhl [Electronically Filed	<i>l</i> Date	M M /		y
	Signature	Dale	, 01	بــا لــنـا	

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Alliance Graphics		04 / 12 / 2016
Mailing Address 1101 8th Street	Am	ount
City State Zip	o Code	938.48
Berkeley CA 94		insaction ID : D712055 te of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Bernie Sanders	Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought 3	10231.49 Disbursem 2016	nent For:
Full Name of Payee Santa Rosa Junior College  Mailing Address Accounting	Da	te of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Accounting  1501 Mendocino Ave	Am	nount
City State Zi	p Code	630.00
Santa Rosa CA 9	5401 Tran	nsaction ID: D712060 te of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type	04 13 / 2016
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Bernie Sanders	Oppose Pres	sident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2016	nent For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1568.48
(b) SUBTOTAL of Unitemized Independent Expenditures		4 4
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures requisit, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronical	Ily Filed] Date 04	18 2016
Signature		

PAGE

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee The Orion CSU	Da	te of Public Distribution/Dissemination
		04 / 13 / 2016
Mailing Address Chico Dept. of Journalism  Zip 600	Am	nount
City State 2	Zip Code	750.00
1 ·	95926 Tra	ansaction ID : D712075 te of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	04
Name of Federal Candidate	X Support Office Sou	ught: House District: 00
Bernie Sanders	Oppose Pre	sident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	310231.49 Disbursen 2016	nent For:
Full Name of Payee	Do	te of Public Distribution/Dissemination
California Nurses Association	Da	04 12 2016
Mailing Address 155 Grand Avenue	An	nount
City State 2	Zip Code	350.50
	94612 Trai	nsaction ID : D712124 te of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	M 04 / 13 / 2016
Name of Federal Candidate	X Support Office So	ught: House District: 00
Bernie Sanders	Oppose X Pre	sident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	310231.49 Disbursen 2016	nent For: X Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	1100.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.		
Martha Kuhl [Electronic	ally Filed] Date 04	18 2016
Signature	- Date 34	

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Schedule E)	IDENT EXTEND	ITONES		PAGE 9 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	nt Protoction			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection  C C00490375				
Check if 24-hour report 48-hour report	ort New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Campaign Workshop			M	f Public Distribution/Dissemination
Mailing Address 1129 20th Street, Suite 200			Amoun	
City	State	Zip Code		190229.74
Washington	DC	20036		nction ID : D712729  f Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 13 2016
Name of Federal Candidate		Support	Office Sought	: House District: 00
Bernie Sanders		Oppose	Preside	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	310231.49	Disbursement 2016 Ott	For:
Full Name of Payee			Date o	f Public Distribution/Dissemination
Outfront Media				04 18 2016
Mailing Address 185 US Highway 46			Amour	ut
City	State	Zip Code		13300.00
Fairfield	NJ	07004		ction ID : D712730 f Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 / 13 / 2016
Name of Federal Candidate		X Support	Office Sought	: House District: 00
Bernie Sanders		Oppose	X Preside	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	,,	310231.49	Disbursement 2016 Ot	For:
(a) SUBTOTAL of Itemized Independent Exp	enditures			203529.74
				7
(b) SUBTOTAL of Unitemized Independent E	Expenditures		•	7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Martha Kuhl Signature	[Electron	ically Filed] Date	04	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Gignature				

	Siledule Ly		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
IN	lational Nurses United for Patient Protection		C C00490375
Ch	neck if X 24-hour report 48-hour report New report Amend	ds report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee		Date of Public Distribution/Dissemination
	Outfront Media		04 18 2016
	Mailing Address 185 US Highway 46		Amount
	City State Zip Code		61861.25
	Fairfield NJ 07004		Transaction ID : D712731 Date of Disbursement or Obligation
	Purpose of Expenditure Advertising  Category/ Type		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Sup	port Office	e Sought: House District: 00
	Pornio Condoro		President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought 310231.49	Disbu 2016	ursement For: Primary General
			Other (specify)
	Full Name of Payee  Javier Moreno Polllaroio		Date of Public Distribution/Dissemination
	Mailing Address 1521 3rd Ave		04 18 2016 Amount
	City State Zip Code		30.00
	Oakland CA 94606		Transaction ID : D712732 Date of Disbursement or Obligation
	Purpose of Expenditure Translation Services  Category/ Type		04 13 2016
	Name of Federal Candidate Sup	oport Office	e Sought: House District: 00
		pose	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought 310231.49	Disbu 2016	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	······•	61891.25
	(b) SUBTOTAL of Unitemized Independent Expenditures	······	
	(c) TOTAL Independent Expenditures	······	
,	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.		
	Martha Kuhl [Electronically Filed]		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		
_			

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oonedate Ly		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New	report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Alliance Graphics		04
Mailing Address 1101 8th Street		Amount
City State	Zip Code	2000.01
Berkeley CA	94710	Transaction ID : D712733  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 18 2016
Name of Federal Candidate	Support Office	e Sought: House District:00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		ursement For: X Primary General
		U Other (specify) ►
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination
Mailing Address 945 Camelia St		04 18 2016 Amount
City State	Zip Code	2386.14
Berkeley CA	94710-1437	Transaction ID : D712734  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	310231.49 Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	4386.15
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Martha Kuhl [Elect	tronically Filed] Date	04 18 2016
Signature		

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Date of	of Public Distribution/Dissemination
	M	04 / 18 / 2016
Mailing Address 155 Grand Avenue	Amou	nt
City State Zip	Code	100.00
Oakland CA 946		action ID : D712735 of Disbursement or Obligation
Purpose of Expenditure Online Ad  Ca	tegory/ Type	04
Name of Federal Candidate	Support Office Sough	t: House District:00
BERNARD SANDERS	Oppose Preside	ent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	Disbursemen 2016	t For:
Full Name of Payee	<u> </u>	of Public Distribution/Dissemination
California Nurses Association	Date	04 18 2016
Mailing Address 155 Grand Avenue	Amou	
City State Zip	Code	445.50
	S12 Transa	ction ID : D712736 of Disbursement or Obligation
Purpose of Expenditure Payroll Ca		04 / 18 / 2016
Name of Federal Candidate	Support Office Sough	t: House District: 00
Bernie Sanders	Oppose X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 31	0231.49 Disbursemen 2016	t For: X Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································	545.50
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7 1
(c) TOTAL Independent Expenditures	· .	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Martha Kuhl [Electronically	Filed] Date 04	18 2016
Signature	- Date 04	.5

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				FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In F National Nurses Uni	Tull) ited for Patient Protection		FEC IDENTIFICATION NUMBER ▼				
				C C00490375			
Check if 24-hour report	48-hour report New rep	oort Amends repo		M / D D / Y Y Y Y Y			
Full Name of Payee	vertising DBH 209i	Date	Date of Public Distribution/Dissemination				
Spartan Daily Advertising DBH 209i				04 14 2016			
Mailing Address One Was	shington Square		Amou	nt			
City	City State Zip Code San Jose CA 95192			1585.72  Transaction ID : D712737  Date of Disbursement or Obligation			
San Jose							
Purpose of Expenditure Advertising		Category/ Type	N	04 18 / 2016			
Name of Federal Candida	ate	X Support	Office Sough	t: House District: 00			
Bernie Sanders		Oppose	X Preside	ent Senate State: CA			
Calendar Year-To-Dat Per Election for Office		310231.49	Disbursemen 2016	t For:			
Full Name of Payee				of Public Distribution/Dissemination			
California Nurses Association				04 15 2016			
Mailing Address 155 G	rand Avenue		Amou	للننبا لنا لن			
City	State	Zip Code		249.75			
Oakland	CA	94612		oction ID : D712738 of Disbursement or Obligation			
Purpose of Expenditure Payroll		Category/ Type		04 / 18 / 2016			
Name of Federal Candida	ate	X Support	Office Sough	it: House District: 00			
Bernie Sanders		Oppose	X Preside	ent Senate State: CA			
Calendar Year-To-Da Per Election for Offic		310231.49	Disbursemer 2016	t For:			
(a) SUBTOTAL of Itemized	d Independent Expenditures			1835.47			
(b) SUBTOTAL of Unitemi	zed Independent Expenditures		· •				
(c) TOTAL Independent Ex	xpenditures		•	7 1 7 1 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Martha Kuhl	[Electron	nically Filed] Date	M M / 04	18 2016			
Signature		Date	<u> </u>	2010			

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Sc	chedule E)	10.120		PAGE 14 OF 14 FOR SE OF FORM 24/48		
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Ν	National Nurses United for Patient Protection	C C00490375				
				0 000 1003.5		
Check if X 24-hour report 48-hour report New report Amends report filed on						
٦	Full Name of Payee Autumn Press	ull Name of Payee				
			М	04 18 2016		
	Mailing Address 945 Camelia St		Amou	nt		
	City State	Zip Code	-	3070.61		
	I '	94710-1437		action ID : D712739 of Disbursement or Obligation		
	Purpose of Expenditure Printing	Category/		of Disbursement or Obligation  04 18 2016		
		Туре		السلما لتنا لت		
	Name of Federal Candidate	Support	Office Sough			
	Bernie Sanders	Oppose	X Preside			
	Calendar Year-To-Date Per Election for Office Sought	310231.49	Disbursemen 2016 O	t For: X Primary General		
	Full Name of Payee			of Public Distribution/Dissemination		
				/		
	Mailing Address	ailing Address				
			Amou	nt		
	City State	Zip Code				
			Date	of Disbursement or Obligation		
	Purpose of Expenditure	Category/ Type		M = M / D = D / Y = Y = Y		
	Name of Federal Candidate	Support	Office Sough	nt: House District:		
		Oppose	Preside			
	Calendar Year-To-Date		Disbursemen			
	Per Election for Office Sought		c	Other (specify)		
	(a) SUBTOTAL of Itemized Independent Expenditures		·· <b>&gt;</b>	3070.61		
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>-</b>			
	(c) TOTAL Independent Expenditures		• •	310331.49		
1	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
		ically Filed] Date	e 04	18 2016		
	Signature					